



Commonwealth of Massachusetts  
**Division of Professional Licensure**  
BOARD OF STATE EXAMINERS OF ELECTRICIANS  
239 Causeway Street ☐ Boston, MA 02114

**Check or money order payable to: "Commonwealth of Mass"**  
**Please Print legibly**

☐ **Master Wall Certificate (\$27.00)**

License Number	Serial Number	Expiration Date
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☐ **Systems Contractor Wall Certificate (\$27.00)**

License Number	Serial Number	Expiration Date
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☐ **Certified Statement (\$15.00)**

License Number	Serial Number	Expiration Date	No. of statements requested
License Number	Serial Number	Expiration Date	

For office use only

Fee: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Initial: \_\_\_\_\_  
Receipt No: \_\_\_\_\_  
License issue date: \_\_\_\_\_  
Exam Date: \_\_\_\_\_

Last Name		First Name	Middle Init.	Generation
Company Name (As stated on license)				
Address <input type="checkbox"/> Check here for change of address		City/Town	State	Zip
Date of Birth	Last four digits of SSN	Telephone Number	Email address	

I hereby subscribe to and vouch for the statements made herein to be accurate and true in every respect and I am signing this document of my own free will without coercion this day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

